

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10486

Registration District No. 109

Primary Registration District No. 0-1-5-9

Registrar's No. 681

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All of life  
years, months or days

3. (a) PRINT FULL NAME Jennie B. Kemper 516

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Tom Kemper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 20 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 8 25 hr. \_\_\_\_\_ min.

9. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Goff

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Reynolds

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Virginia Wingo

(b) Address New Bloomfield, Missouri

17. (a) Burial (b) Date thereof 3/17/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield, Missouri

19. (a) Mar 16 1940 (b) Emil Mack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles N.W. New Bloomfield  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1940 hour six minute 40 AM.

21. I hereby certify that I attended the deceased from Feb 17, 1940, to Mar 10, 1940  
that I last saw him alive on Mar 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Due to arteriosclerotic heart

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Mar

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. McLeRush (M. D. or other) \_\_\_\_\_

Address New Bloomfield, Mo Date signed 3/16/40

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Ray A. Holt*

Licensed Embalmer No. *2605*

P. O. Address

*New Bloomfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**